DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2009	01/31/2009							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	44.6	44.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.61	****	7.62				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3588		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Total de la constant	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2009	01/31/2009							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q								
PERMIT NUMBER DISCHARGE NUMBER									
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
11/01/2008	01/31/2009								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUANTITY OR LOADING		IG	QUALITY OR CONCENTRATION				NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER DISCHARGE NUMBER								
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2009	02/28/2009							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47	47.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.58				_
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.364	.364		*****	5.6	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	7776		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2009	02/28/2009							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2009	03/31/2009							

DMR Mailing ZIP CODE: 01040
MINOR
(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	****	*****	47.7	47.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7228		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2009	03/31/2009							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2009	04/30/2009							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	51.4	51.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	7.39	****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	4018		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER DISCHARGE NUMBER								
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q			
PERMIT NUMBER DISCHARGE NUMBER				
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
02/01/2009	04/30/2009			

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	9.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
05/01/2009	05/31/2009							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	52.7	56.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	7.48	****	7.57				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	2191		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER DISCHARGE NUMBER									
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
05/01/2009	05/31/2009								

DMR Mailing ZIP CODE: 0

..............

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ordanis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
06/01/2009	06/30/2009							

DMR Mailing ZIP CODE: 01040
MINOR
(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	61.1	61.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5260		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	PHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Notation is	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
06/01/2009	06/30/2009								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503 001-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 07/01/2009 07/31/2009

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.5	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.22	*****	7.46				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	10196		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY **TYPED OR PRINTED**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

certify under penalty of law that this document and all attachments were prepared under my direction or

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
07/01/2009	07/31/2009								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	0	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2009	07/31/2009							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	8.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA 0004502	004.4							
MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2009	08/31/2009							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	66.5	66.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	7.47	****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	4136		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
08/01/2009	08/31/2009								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2009	09/30/2009							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62.6	63.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.68	*****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	2656		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Notation is	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503		001-C					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	09/01/2009	1	09/30/2009					

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

01040

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503	001-T	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009	

DMR Mailing ZIP CODE:

MINOR (SUBR W) ONE TEST - WET

ONE TEST - WET External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	100	****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	100 DAILY MN	****	****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET 2ND TUESDAY OF SEPTEMBER. SUBMIT REPORT WITH DMR. ONE TESTONLY.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)
CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62.5	66.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.58	****	7.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	7519		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 01040

-

(SUBR W)
NCCW CLOSED LOOP - FAILURE

External Outfall

MINOR

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	10/31/2009

DMR Mailing ZIP CODE: 0

01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	8.9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.9	55.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.67	*****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4725		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
11/01/2009	11/30/2009			

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.9	45.14				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.47	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	9802		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	DRING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
12/01/2009	12/31/2009				

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.6	44.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	****	7.58				_
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5663		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C						
PERMIT NUMBER	IT NUMBER DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
01/01/2010	01/31/2010						

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
11/01/2009	01/31/2010							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
02/01/2010	02/28/2010						

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	45.7	45.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	10588		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	riodalois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
02/01/2010	02/28/2010					

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)
NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	roduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2010	03/31/2010								

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	(OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	49	49.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.7	****	7.82				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	8607		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Total de la constant	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2010	03/31/2010								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	roduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2010	04/30/2010							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	c	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	58	58.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.125	.125		*****	7.2	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.32	*****	7.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2090		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2010	04/30/2010								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503		001-Q						
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	02/01/2010	Ī	04/30/2010						

DMR Mailing ZIP CODE: 0

01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
05/01/2010	05/31/2010							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)
CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.5	59.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	7.29	****	7.46				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	2421		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and —evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- North Control of the Control of th	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
05/01/2010	05/31/2010							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	44			40			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	60.8	61.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1617		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2010	06/30/2010							

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	С	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2010	07/31/2010							

DMR Mailing ZIP CODE: 01040 MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUANTITY OR LOADING		С	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	65	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.053	1.093		*****	16	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.3	****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7897		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nodalois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503	001-C	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010	

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	0	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
08/01/2010	08/31/2010								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	· · · · · · · · · · · · · · · · · ·	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	59.8	60.1					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.34	.342		*****	6.4	*****					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	****	mg/L		Monthly	COMP-8	
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.63					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	****	mg/L		Monthly	COMP-8	
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	6432		*****	****	****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	****	*****		Daily	ESTIMA	
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
08/01/2010	08/31/2010								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2010	09/30/2010								

DMR Mailing ZIP CODE: 01040
MINOR
(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	64.4	64.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.26	****	7.29				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	11914		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Notation is	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER DISCHARGE NUMBER									
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2010	09/30/2010								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

ONE TEST - WET External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	100 DAILY MN	*****	****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	100 DAILY MN	*****	****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET 2ND TUESDAY OF SEPTEMBER. SUBMIT REPORT WITH DMR. ONE TESTONLY.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
10/01/2010	10/31/2010							

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)
CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	· · · · · · · · · · · · · · · · · ·
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.9	57.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	7.53	****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	6703		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and —evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
10/01/2010	10/31/2010							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	С	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
08/01/2010	10/31/2010				

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	8.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	DRING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
11/01/2010	11/30/2010			

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.8	44.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.78	*****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4751		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ordanis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
11/01/2010	11/30/2010				

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
12/01/2010	12/31/2010			

DMR Mailing ZIP CODE: 01040 MINOR

(SUBR W)
CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	46.2	46.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3160		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
12/01/2010	12/31/2010								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	NG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE: 01040

...g _... 002_.

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.7	44.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.72	****	7.92				_
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	30		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	riodalois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.3	46.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.68	*****	7.85				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20	20		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	49.6	50.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	7.37	****	7.56				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	30		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503 001-Q								
PERMIT NUMBER DISCHARGE NUMBER								
MONITORING PERIOD								
MM/DD/YYYY]	MM/DD/YYYY						
01/01/2011	7	03/31/2011						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503	Г	W001-Q						
	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	01/01/2011	1	03/31/2011						

DMR Mailing ZIP CODE:

01040

MINOR

(SUBR W)

Wet weather quarterly External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027 ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2011	04/30/2011								

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	****	*****	55.8	56.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	****	7.54				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0			_	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	PHONE	DATE
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TYPED OR PRINTED	VICIALIUI IS.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.8	57.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.38	****	7.43				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	7

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.38	64.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.54	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
50060 1 0	PERMIT	*****	*****	*****	*****	.011	.019	mg/L		Monthly	GRAB

NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		IELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2011	06/30/2011								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

LOCATION: 412 MAIN STREET ROUTE 10 EASTHAMPTON, MA 01027 ATTN: GARY GRISWOLD, PLANT MANAGER

1	MA0001503		W001-Q						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	04/01/2011	Ī	06/30/2011						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
pH	SAMPLE MEASUREMENT	*****	****	*****	7.54	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2710	2710		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
07/01/2011	07/31/2011						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.8	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.16	****	7.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20	20		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
08/01/2011	08/31/2011						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	a	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	67.2	67.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.72	****	7.72				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	64.2	64.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	****	7.31				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	35	35		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0			_	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

			_							
1	MA0001503	-	001-Q							
L	PERMIT NUMBER	L	DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	07/01/2011	1	09/30/2011							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

01040

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

ning zii CODE.

(SUBR W) TEST - 1xYear External Outfall

MINOR

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	280				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	10				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.88				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	23				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	****	*****	*****	****	*****	150				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	0				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2011	09/30/2011								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

TEST - 1xYear External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	18				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ritly under penalty of law that this document and all attachments were prepared under my direction or ervision in accordance with a system designed to assure that qualified personnel properly gather and luate the information submitted. Based on my inquiry of the person or persons who manage the erm, or those persons directiv responsible for pathering the information, the information submitted is.		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA000	MA0001503 001-T								
PERMIT N	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
MM/DI	D/YYYY		MM/DD/YYYY						
09/01	/2011]	09/30/2011						

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) TEST - 1xYear External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	****	*****	****	0				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	****	****	0				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	*****	100	****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	****	****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notation.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

EASTHAMPTON, MA 01027

MA0001503 W001-Q DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 09/30/2011 07/01/2011

DMR Mailing ZIP CODE:

01040

(SUBR W) Wet weather quarterly External Outfall

MINOR

No Discharge

ATTN: GARY GRISWOLD, PLANT MANAGER

		QUAN	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	. •,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.72				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	45		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
10/01/2011	10/31/2011							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	57.2	57.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.6	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5	2.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE: 0

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.1	54.1					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB	
рН	SAMPLE MEASUREMENT	****	*****	*****	7.65	****	7.65					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB	
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA	
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	- Calabria	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10 EASTHAMPTON, MA 01027 ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
12/01/2011	12/31/2011									

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	51.8					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB	
рН	SAMPLE MEASUREMENT	****	*****	*****	7.8	****	7.8					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB	
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB	

	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing		TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503		001-Q							
	PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	10/01/2011	1	12/31/2011							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.31	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7120	7120		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Quarterly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
01/01/2012	01/31/2012								

DMR Mailing ZIP CODE: 01040

IF CODE.

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	54.4	54.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.48	****	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.2	.2		1		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	54				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.51	****	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24	24		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	BER DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2012	03/31/2012								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	54	54				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	****	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24	24		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q						
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		0, ==		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· oduolo.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503		W001-Q						
	PERMIT NUMBER	RMIT NUMBER DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
Γ	01/01/2012	1	03/31/2012						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

01040

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

9 --- ---

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	51.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	8.03	****	8.03				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.4	11.4		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.3	56.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.9	****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.5	11.5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Notation is	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	57	57				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.78	****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.34	10.34		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503		001-Q			
\vdash			****			
L	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	76	RING PERIOD			
		ï				
	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY					
	04/01/2012	7	06/30/2012			

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	a	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	60	60				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	8.02	*****	8.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.11	10.11		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65	65				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	8.1	****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	10		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2012	09/30/2012							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62	62				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.9	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.2	12.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503 001-Q						
Е	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	RING PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY				
	07/01/2012	٦	09/30/2012				

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2012	09/30/2012								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) TEST - 1xYear

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	537				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
pH	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41.6				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	320				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

TEST - 1xYear External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.1				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	27				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.3				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< .002				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .004				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .0005				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Effluent Gross NAME/TITLE PRINCIPAL EXECUT	TIVE OFFICER I certify under p	penalty of law that this docur	ment and all attachments we	re prepared under my dir	ection or		DAILY MX		TEL	EPHONE	E

supervision in accordance with a system designed to assure that qualified personnel properfy gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting false information, including the possibility of fine and imprisonment for knowing

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) TEST - 1xYear

TEST - 1xYear External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	.0076				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

50050 1 0

Effluent Gross

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
07/01/2012	09/30/2012

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

Quarterly

ESTIMA

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** UNITS **VALUE VALUE** UNITS **VALUE VALUE** ***** ***** SAMPLE pΗ MEASUREMENT ***** ***** ***** ***** 00400 1 0 **PERMIT** 6.5 8.3 SU Quarterly **GRAB** REQUIREMENT Effluent Gross MINIMUM **MAXIMUM** SAMPLE ***** ***** ***** ***** Solids, total suspended **MEASUREMENT** ***** ***** ***** ***** 00530 1 0 PERMIT Req. Mon. Req. Mon. mg/L Quarterly **GRAB** REQUIREMENT Effluent Gross MO AVG DAILY MX ***** ***** ***** SAMPLE Flow, in conduit or thru treatment **MEASUREMENT** plant

gal/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

Reg. Mon.

MÖ AVG

Rea. Mon.

DAILY MX

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62	62				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11	11		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.17	14.17				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.68	****	6.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8	8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10 EASTHAMPTON, MA 01027 ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	12.3	12.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.64	*****	6.64				_
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503		001-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2012	٦	12/31/2012					

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS		TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	ESTIMA

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	10.3	10.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.81	*****	6.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.3	13.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
02/01/2013	02/28/2013								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	50				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.81	****	6.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12	12		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
03/01/2013	03/31/2013			

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	51				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.84	****	6.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.5	11.5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.93				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- rotation.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

W001-Q

DISCHARGE NUMBER

MM/DD/YYYY

03/31/2013

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

Effluent Gross

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503 PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY 01/01/2013

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14500	20000		*****	****	****	*****			
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MO AVG

REQUIREMENT

DAILY MX

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
04/01/2013	04/30/2013									

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.7	50.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	6.83	****	6.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	55	55				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.7	****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	10		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	TELEPHONE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
06/01/2013	06/30/2013									

DMR Mailing ZIP CODE: 01040

CONTACT COOLING Water

External Outfall

MINOR

(SUBR W)

No Discharge

		QUAI	NTITY OR LOADIN	IG	a	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	63	63		1		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0469	.0469		*****	4.1	4.1		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0		1		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and fevaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing avoidations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503		001-Q								
	PERMIT NUMBER	DISCHARGE NUMBER									
	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
	04/01/2013	1	06/30/2013								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.92				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	· oduolo.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
pH	SAMPLE MEASUREMENT	*****	****	*****	7.7	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
_	1 1								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	67	67		1		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.62	****	6.62		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	****	****	*****	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	68.5	68.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.75	****	7.75				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	63	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.08	****	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	4.93				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

TEST - 1xYear

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1100				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	46				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	740				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
09/01/2013	09/30/2013						

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

TEST - 1xYear External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	lG	C	UALITY OR CON	QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	96				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.3				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.0022				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.0015				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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TYPED OR PRINTED	-ioutons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2013	09/30/2013							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

TEST - 1xYear External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.11				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	****	*****	*****	> 100	****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

Flow, in conduit or thru treatment

plant

50050 1 0

Effluent Gross

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
07/01/2013	09/30/2013

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly External Outfall

No Discharge

Quarterly

ESTIMA

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS **VALUE VALUE** UNITS **VALUE** ***** SAMPLE pΗ 7.8 7.8 MEASUREMENT ***** ***** ***** ***** 00400 1 0 **PERMIT** 6.5 8.3 SU Quarterly **GRAB** REQUIREMENT Effluent Gross **MINIMUM MAXIMUM** SAMPLE ***** ***** ***** ***** Solids, total suspended 0 **MEASUREMENT** ***** ***** ***** ***** 00530 1 0 PERMIT Req. Mon. Req. Mon. mg/L Quarterly **GRAB** REQUIREMENT Effluent Gross MO AVG DAILY MX

gal/d

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TYPED OR PRINTED	•••••••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

5

Req. Mon.

MÖ AVG

5

Rea. Mon.

DAILY MX

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	63	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.1958	.1958		*****	17	17				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
11/01/2013	11/30/2013								

DMR Mailing ZIP CODE: 01040

g _... 005_.

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	53	53				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0046	.0046		*****	3.2	3.2		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.68	****	6.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
12/01/2013	12/31/2013								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	-	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT				*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
Ì	TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503		001-Q			
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO)R	RING PERIOD			
MM/DD/YYYY]	MM/DD/YYYY			
10/01/2013	7	12/31/2013			

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W) QUARTERLY

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	• 1041101101	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10 EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
10/01/2013	12/31/2013								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	- Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2014	01/31/2014							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	48.2	48.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15	15		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	39.6	39.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.8	****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.2	43.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503 001-Q							
	PERMIT NUMBER DISCHARGE NUMBER							
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	01/01/2014	7	03/31/2014					

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS		TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.53				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUANTITY OR LOADING		G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.63	****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

ATTN: GARY GRISWOLD, PLANT MANAGER

EASTHAMPTON, MA 01027

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	48	48				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.22	****	7.27				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
05/01/2014	05/31/2014								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****	51	51				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.63	****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
06/01/2014	06/30/2014							

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	61	61				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .1081	< .1081		****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- North Control of the Control of th	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Г	MA0001503	Г	001-Q						
	PERMIT NUMBER		DISCHARGE NUMBER						
[MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
Γ	04/01/2014	1	06/30/2014						

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

	QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5.71				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	- oduloto.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

MA0001503	W001-Q	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014	

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

Wet weather quarterly External Outfall

No Discharge

ATTN: GARY GRISWOLD, PLANT MANAGER

		QUAN	TITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	< 10		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2014	07/31/2014							

DMR Mailing ZIP CODE: 01040

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(SUBR W)

MINOR

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	59	59				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.19	****	7.19				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	50		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER DISCHARGE NUMBER									
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
08/01/2014	08/31/2014								

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
	1								

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

Γ	MA0001503		001-Q						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	07/01/2014	09/30/2014							

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) QUARTERLY External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	_ •,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	*****	****					
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP LOCATION: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027 ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503		001-T
PERMIT NUMBER	\square [DISCHARGE NUMBER
MOM	IITOR	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
09/01/2014		09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) TEST - 1xYear

TEST - 1xYear External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Specific conductance	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
рН	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

certify under penalty of law that this document and all attachments were prepared under my direction or

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L

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION: 412 MAIN STREET ROUTE 10**

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T				
PERMIT NUMBER DISCHARGE NUMBER					
MONITO	RING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
09/01/2014	09/30/2014				

DMR Mailing ZIP CODE:

01040

MINOR (SUBR W)

TEST - 1xYear

External Outfall No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant.				
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	inductio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T			
PERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
09/01/2014	09/30/2014			

DMR Mailing ZIP CODE: 01040

MINOR (SUBR W) TEST - 1xYear External Outfall

No Discharge

		QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP **LOCATION:** 412 MAIN STREET ROUTE 10

EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q				
PERMIT NUMBER DISCHARGE NUMBER					
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
07/01/2014	09/30/2014				

DMR Mailing ZIP CODE:

01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	****		Quarterly	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)